Application Form for Awards beginning Summer 2008
Division of Intramural Research, NIEHS, Research Triangle Park, NC, 27709

Submit the Application electronically via email to: schrader@niehs.nih.gov Required letters of reference and transcripts should be sent directly to:

William T. Schrader, Ph.D., Division of Intramural Research NIEHS 111 T.W. Alexander Drive Research Triangle Park, NC 27709

#### **Eligibility Criteria:**

- This program is intended for medical and dental students. Candidates must currently be enrolled in a medical school accredited by the Liaison Committee on Medical Education (LCME), a dental school that is accredited by the Commission on Dental Accreditation, or an osteopathic school that is accredited by the American Association of Colleges of Osteopathic Medicine (AACOM).
- 2. Candidates in M.D./Ph.D. programs are eligible to apply.
- 3. Candidates must have completed a year of clinical rotations prior to starting the program.
- 4. Candidates must be U.S. citizens or permanent residents.

### **Application Tips:**

- 1. Choose an appropriate investigator at NIEHS who will serve as your preceptor for this research Fellowship. Discuss with that person your interests, and decide upon a suitable project that is mutually acceptable to you both.
  - a. The project should have relevance to your career interests in human health.
  - The project should be appropriate for the period of time proposed (typically, one year) and to your level of scientific/health skills
  - c. The project should be relevant to environmental health. A strong application will show how environmental factors will be studied with respect to the research.
- 2. The PRECEPTOR shall write a letter or email addressed to Dr. William Schrader, outlining support for your candidacy, for the project itself, and their plans for you to be mentored during your project.
- 3. Please supply all requested information. NIEHS will not accept your application if any of these fields is blank. If you wish to submit your application now but would like to take more time to compose your responses for some requested fields, you can do so by entering "placeholder" data (e.g., "To be submitted at a later date") in the relevant fields. It is your responsibility to update the entry by submitting a revised, complete application form prior to the deadline date.
- 4. Be sure that the e-mail addresses you provide for your references are accurate.
- 5. Proofread your application thoroughly for accuracy and completeness.
- 6. Apply as early as possible and encourage your references to submit their letters promptly using the electronic system.
- 7. The deadline for receipt of applications is January 19, 2008. Be sure that your letters of recommendation are submitted electronically by that date.

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#### The Application Itself

#### I. Personal Information

Name: First	MI	Last

Academic E-mail Address: Current Mailing Address:

Address 1 Address 2 City

State (DC for Washington D.C.) Zip Code Telephone Number for Contact during Business Hours:

#### II. Citizenship Status:

If Permanent Resident,

Country of Citizenship Alien Registration No.

#### III. Proposed Fellowship Period:

- 1. Requested starting date (month/year)
- 2. Requested duration (months)

#### IV. Academic Information

School Name:

Medical School or Dental School or

Osteopathic School

Current Year of Medical, Dental or Osteopathic School

NOTE: All 4th year applicants who are selected to participate in the NIEHS Fellowship program must make arrangements with their medical, dental, or osteopathic school to defer graduation until after completing the Fellowship period. This requirement must be met prior to starting at NIEHS.

# Coursework and Grades (List only your post-undergraduate grades)

Attach a supplement page if needed.

Year	Course/Rotation Title	Elective (E) or Required (R)	# Terms	Grade*
Taken		Required (R)		

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\*NOTE: As you receive grades for courses that you are currently taking or grades that are pending, please add those grades to your application. You will be able to modify your application until the application deadline, January 16th. If you are chosen to receive a Fellowship, you will then be required to submit an official medical, dental, or osteopathic school transcript. DO NOT REQUEST AN OFFICIAL TRANSCRIPT AT THIS TIME. The grades you list will be used for review of your application

<u>V. Resume:</u> Attach an electronic copy of your Curriculum Vitae that includes your education, relevant research experience, scientific publications, honors and awards, etc.

<u>VI. References:</u> Request that your references send their confidential comments directly via either email or hard-copy to the recipient shown at the top of Page 1 of this Form.

Reference 1: Dean of Student Affairs

Full Name

Phone

Academic Address

**Email Address** 

Reference 2:

Full Name

Phone

Academic Address

**Email Address** 

Reference 3:

Full Name

Phone

Academic Address

**Email Address** 

NIEHS Preceptor Reference: Contact your proposed preceptor to request that this individual submit a letter on your behalf as described above.

#### VII. The Research Proposal:

- 1. Clinical Research Area of Interest:
- 1. (One page maximum) Discuss your research interests, career goals, and reasons for applying for the Fellowship in Environmental Medicine. Attach as a separate file

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or you may choose to paste the text into this field:

2. (Two pages maximum) Describe the research project. Indicate the background to the research, the hypothesis to be tested, the approach to be taken, and the research tools you propose to use. Attach as a separate file or you may choose to paste the text into this field: